

WOMEN'S OPEN & WOMEN'S CHURCH
OLD TEAM INFORMATION

Team Name (last Year) _____

New Team Name (if changed) - _____

League Name _____

Location _____

Time League Played _____

Contact Person _____

Address _____ **Zip Code** _____

Phone # (H) _____ **(W)** _____ **Pager #** _____

***If you wish to change Leagues, fill out the reverse side of this card.**

CO-ED
OLD TEAM INFORMATION

Team Name (last Year) _____

New Team Name (if changed) - _____

League Name _____

Location _____

Time League Played _____

Contact Person _____

Address _____ **Zip Code** _____

Phone # (H) _____ **(W)** _____ **Pager #** _____

***If you wish to change Leagues, fill out the reverse side of this card.**

MEN'S CLOSED

OLD TEAM INFORMATION

Team Name (last Year) _____

New Team Name (if changed) - _____

League Name _____

Location _____

Time League Played _____

Contact Person _____

Address _____ **Zip Code** _____

Phone # (H) _____ **(W)** _____ **Pager #** _____

***If you wish to change Leagues, fill out the reverse side of this card.**

MEN'S OPEN
OLD TEAM INFORMATION

Team Name (last Year) _____

New Team Name (if changed) - _____

League Name _____

Location _____

Time League Played _____

Contact Person _____

Address _____ **Zip Code** _____

Phone # (H) _____ **(W)** _____ **Pager #** _____

***If you wish to change Leagues, fill out the reverse side of this card.**

MEN'S CHURCH
OLD TEAM INFORMATION

Team Name (last Year) _____

New Team Name (if changed) - _____

League Name _____

Location _____

Time League Played _____

Contact Person _____

Address _____ **Zip Code** _____

Phone # (H) _____ **(W)** _____ **Pager #** _____

***If you wish to change Leagues, fill out the reverse side of this card.**

***Please be aware that there is NO guarantee we will be able to assign you to your requested location. It will depend on whether there are openings in the league requested, etc.**

What League would you like to switch to:

1. League Name_____

2. Location _____

3. Night, Time _____

If contact person will change, give:

Name _____

Address _____

City _____ **Zip** _____

Home Phone _____ **Work Phone**_____

NEW TEAM INFORMATION

Team Name (last Year) _____

New Team Name (if changed) - _____

League Name _____

Location _____

Time League Played _____

Contact Person _____

Address _____ **Zip Code** _____

Phone # (H) _____ **(W)** _____ **Pager #** _____

***If you wish to change Leagues, fill out the reverse side of this card.**